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| Order the paperwork Reduction Act or 1995, no persons are required to respond to a collection of information unless it displays a valid CMB control number | | | | | | | |
|---|--|----------------------------------|--------|-----------------|--|----|--------|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).) | | | | | Docket Number (Optional) 2430-91301 | | |
| Application Number 10/757,703 | | | | | Filed January 15,2004 | | |
| For Therapy Probe | | | | | | | |
| Art Unit 3709 | | | | | Examiner Iman K. Kholdebarin | | |
| | | | | | | | |
| This is a request under the provisions of 37 CFR 1.138(a) to extend the period for filing a reply in the above identified application. | | | | | | | |
| The requested extension and fee are as follows (check time period desired and enter the appropriate fee below): | | | | | | | |
| | | | Sm | mall Entity Fee | | | |
| | \boxtimes | One month (37 CFR 1.17(a)(1)) | \$120 | | \$60 | \$ | 120.00 |
| | | Two months (37 CFR 1.17(a)(2)) | \$460 | | \$230 | \$ | |
| | | Three months (37 CFR 1.17(a)(3)) | \$1050 | | \$525 | \$ | |
| | | Four months (37 CFR 1.17(a)(4)) | \$1640 | | \$820 | \$ | |
| | | Five months (37 CFR 1.17(a)(5)) | \$2230 | | \$1115 | \$ | |
| | Applicant claims small entity status. See 37 CFR 1.27. | | | | | | |
| | A check in the amount of the fee is enclosed. | | | | | | |
| | Payment by credit card. Form PTO-2038 is attached. | | | | | | |
| | The Director has already been authorized to charge fees in this application to a Deposit Account. | | | | | | |
| | The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 230920. I have enclosed a duplicate copy of this sheet. | | | | | | |
| | WARNING: Information on this form may become public, Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038. | | | | | | |
| | | | | | | | |
| I am | the | applicant/inventor. | | | | | |
| | assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96). | | | | | | |
| | | | | | | | |
| | attorney or agent under 37 CFR 1.34. | | | | | | |
| | Registration number if acting under 37 CFR 1.34 | | | | | | |
| Sarrel Silla Febru | | | | | | | |
| Daniel M. Gurfinkel Typed or printed name | | | | | Date 312 655-1500 | | |
| | | | | | Telephone Number | | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | | |
| Total of forms are submitted. | | | | | | | |
| This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the | | | | | | | |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USFTO to process) an application. Confidentially is governed by 36 U.S.C. 122 and 37 CFR 1.11 and 1.1. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USFTO. Time will vary depending upon the individual case, owners to the amount of time you require to complete in the form and/or supposestors for rectuding his burden, should be sent to the Chef Information Officer, U.S. Fatest and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 2231-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentia, P.O. Box 4450, Alexandria, VA 2231-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentia, P.O. Box 4450, Alexandria, VA 2231-1460, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patentia, P.O. Box 4450, Alexandria, VA 2231-1460.